

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* <i>B</i>		* <i>C</i>		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1				1	1	51		4		4	2
2		1					52		4		4	2
3		1					53		4		4	2
4		1					54		4		4	2
5		4				2	55		4		4	2
6		4				2	56		4		4	2
7		4				2	57		4		4	2
8		4				2	58		4		4	2
9		4				2	59		4		4	2
10		4				2	60		1		1	1
11		4				2	61		1		1	1
12		4				2	62		1		1	1
13		4				2	63		1		1	1
14		1				2	64		1		1	1
15		1				2	65		1		1	1
16		1				1	66			2		1
17		1				1	67		2		1	2
18		1				1	68		1		1	1
19		1				1	69		1		1	1
20		1				1	70		1		1	1
21		2				1	71		1		1	1
22		2				2	72		1		1	1
23		1				1	73		1		1	1
24		1				1	74		1		1	1
25		1				1	75		1		1	1
26		1				1	76		1		1	1
27		1				1	77		1		1	1
28		1				1	78		4		4	2
29	1				1		79		4		4	2
30		1				1	80		4		4	2
31		1				1	81		1		1	1
32		1				1	82		1		1	1
33		5				2	83		1		1	1
34		5				2	84		1		1	1
35		5				2	85					
36		1				1	86					
37		1				1	87					
38		1				1	88					
39		1				1	89					
40		1				1	90					
41		1				1	91					
42		1				1	92					
43		1				1	93					
44		1				1	94					
45		1				1	95					
46	4		1		1		96					
47		1				1	97					
48		1				1	98					
49		1				1	99					
50		4			4	2	100					
TOTAL IND.	2						TOTAL IND.				4	
TOTAL DEP.	74		83				TOTAL DEP.		83		98	
TOTAL CLAIMS	76						TOTAL CLAIMS				102	